MASSACHUSETTS DEP/DRINKING WATER PROGRAM CHLORINE/CHLORAMINES REPORT

I. PWS INFORMAT	ION: Please refer to your DEP	Water Quality Comm	12 0 1 1 1	CORAWINES REI	OKI					
1. PWS ID # : 32 Notes:	TION: Please refer to your DEP 213000 2. City/Town:	North Reading	3. PWS N	ame: North Reading	ction Water Departm	ent 4.	PWS Class: Co	OM X	NTNC	
II. LABORATORY	ANALYTICAL INFORMATION	J. Planca refer to	DED C 13							
Analyzed By:	ANALYTICAL INFORMATION Samples analyed by collector	listed below	our DEP Conto	rm Sampling Plan for A	Approved Sampling	Locations and	Location IDs			
Subcontracted? (Y/N) N Sub. Lab Name: N/A							Lab Cert #:	N/A		
Notes:						Sub Cert #: N/A				
DEP APPRO	OVED SAMPLE SITE (1)	COLLECTIO	N (1)			110				
DEP LOCATION ID	SAMPLE LOCATION (I)	DATE (I)	TIME (1)	COLLECTED BY (2)	FREE, TOTAL OR COMBINED CHLORINE	RESULT mg/L (MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	LAB SAMPLE ID#	
001	THOMPSON C.C.	10/11/16	12:30	M. Dauphinee	TOTAL	0.06	4500-CI G	10/11/16	N/A	
003	HOOD SCHOOL	10/11/16	10:50	M. Dauphinee	TOTAL	0.64	4500-CI G	10/11/16	N/A	
004	C.V.S.	10/11/16	10:15	M. Dauphinee	TOTAL	0.03	4500-CI G	10/11/16		
005	HILLVIEW C.C.	10/11/16	9:40	M. Dauphinee	TOTAL	0.36	4500-CI G		N/A	
006	TEMPLE OIL	10/11/16	8:55	M. Dauphinee	TOTAL	0.02	4500-CI G	10/11/16	N/A	
007	NR HIGH SCHOOL	10/11/16	11:25	M. Dauphinee	TOTAL	0.24	4500-CI G	10/11/16	N/A	
008	SWAN POND TANK	10/11/16	11:55	M. Dauphinee	TOTAL	0.07	4500-CI G	10/11/16	N/A	
			-			0.07	4500-616	10/11/16	N/A	
Primary Certif	ken at the same routine sample d field list the field analyst. fied Operator or Laboratory D			e as Total Coliform.	Clark		ville			
II. DBPR COMPLIAN								Promising and American American		
unning Annual Averaş l certify under pena Primary Certif	amples from Month mg/L: ge mg/L = Average of this quarte alty of law that I am the person authorize fied Operator or Laboratory D	irector Signature	nsecutive quart	contained berein is true, acc	0.23 urate and complete to t	he best of my know	ledge and belief.	18		
ttention: Mail TWO of DEPIDWP USE ONLY:	copies of this report to your DEP	Regional Office wi	thin 30 days of	receipt of results and n	o later than 10 day	s after the end	of the reporting	period.		
Accepted:	Disapproved:		d into WQTS:	Com						

MASSACHUSETTS DEP/DRINKING WATER PROGRAM CHLORINE/CHLORAMINES REPORT

I. PWS INFORMA	TION: Please refer to your DEP	Water Quality Samp	ling Schedule t	o help complete this se	ction			NOT THE PROPERTY AND THE PARTY AND THE	
1.1 W 3 ID # . 3	2. City/Town:	North Reading	3. PWS N	ame: North Reading	Water Departm	ent 4	PWS Class: Co	OM V	NITNG [
Notes:								JIVI A	NTNC
II. LABORATORY	ANALYTICAL INFORMATION	N: Please refer to yo	our DEP Colifo	rm Sampling Plan for A	Annroyed Sampling	I osotiana — I			at the respective state and
	Tampies analyed by collector	listed below.		12	rpproved Sampning	cocations and	Lab Cert #:	[<u> </u>	
Subcontracted? (Y/I	Subcontracted? (Y/N) N Sub. Lab Name: N/A							N/A	
Notes:						_	Sub Cert #:	N/A	
DEP APPROVED SAMPLE SITE (1) COLLECTION (1) FREE, TOTAL DEP LOCATION ID SAMPLE LOCATION (1) PATE (1)									
	SAMPLE LOCATION (1)	DATE (1)	TIME (1)	COLLECTED BY (2)	OR COMBINED CHLORINE	RESULT mg/L (MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	LAB SAMPLE ID#
001	THOMPSON C.C.	10/18/16	1:00	M. Dauphinee	TOTAL	0.02	4500-CI G	10/18/16	N/A
003	HOOD SCHOOL	10/18/16	11:15	M. Dauphinee	TOTAL	1.31	4500-CI G	10/18/16	N/A
004	C.V.S.	10/18/16	10:40	M. Dauphinee	TOTAL	0.02	4500-CI G	10/18/16	N/A
005	HILLVIEW C.C.	10/18/16	9:30	M. Dauphinee	TOTAL	0.31	4500-CI G	10/18/16	N/A
006	TEMPLE OIL	10/18/16	10:00	M. Dauphinee	TOTAL	0.02	4500-CI G	10/18/16	N/A
007	NR HIGH SCHOOL	10/18/16	12:00	M. Dauphinee	TOTAL	0.33	4500-CI G	10/18/16	N/A
008	SWAN POND TANK	10/18/16	12:30	M. Dauphinee	TOTAL	0.16	4500-CI G	10/18/16	N/A
								13/10/10	
(1) Samples shall be t	taken at the same routine sample of	listribution site and							
(2) If fileasured in the	field list the field analyst.								
	tified Operator or Laboratory I	Director Signature	and Date:	Marle E	Clark	11/1	lib		
	ANCE REPORTING:					W-Tenanta Maria	With the court of the control of the		AND STREET STREET AND ADDRESS OF THE STREET
Average Result of all	Samples from Month mg/L:	0.30	Quarterl	y Average mg/L = Ave	rage of three month	ily averages:		10	
Kunning Annual Aver	rage mg/L = Average of this quart	er and three prior co						18	
recrity under per	nalty of law that I am the person authorizified Operator or Laboratory D	ed to fill out this form an	d the inf	contained herein is true, acc	urgte and complete to t	he best of my know	ledge and belief		
Attention: Mail TWC	copies of this report to your DEI	Pagional Off	and Date:	Marle E	Clark	II I	lu		
FOR DEP/DWP USE ONL	copies of this report to your DEF Y: PLEASE INITIAL AND DATE AS COL	MPLETED	itnin 30 days of	receipt of results and n	o later than 10 day	s after the end o	of the reporting	period.	
Accepted:	Disapproved:	55.55	d into WQTS:						The second second
			17 (13.	Com	iments:				

MASSACHUSETTS DEP/DRINKING WATER PROGRAM CHLORINE/CHLORAMINES REPORT

I. PWS INFORMAT	TION: Please refer to your DEP V	Water Quality Samp	ling Schedule to	o help complete this see	ction			RESULT DOWN AND APPEARS	ACCOUNT DATE OF THE PERSON
1. PWS ID # : 32	213000 2. City/Town: N	Jorth Reading	3. PWS N	ame: North Reading	Water Departm	ent 1	PWS Class: Co	MV.	NITING
Notes:			_		Training Copul IIII	4.	rws Class: CC	JM X	NTNC
II. LABORATORY	ANALYTICAL INFORMATION	J: Please refer to vo	our DEP Colifor	rm Campling Dlan Co. A					
Analyzed By:	Samples analyed by collector	listed below	ou DEI Como	in Sampling Plan for A	Approved Sampling	Locations and			
Subcontracted? (Y/N) N Sub. Lab Name: N/A							Lab Cert #:	N/A	
Notes:							Sub Cert #:	N/A	
DEP APPROVED SAMPLE SITE (1) COLLECTION (1) FREE TOTAL									
DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)	COLLECTED BY (2)	FREE, TOTAL OR COMBINED CHLORINE	RESULT mg/L (MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	LAB SAMPLE ID#
001	THOMPSON C.C.	10/25/16	1:15	M. Dauphinee	TOTAL	0.09	4500-CI G	10/25/16	N/A
003	HOOD SCHOOL	10/25/16	11:35	M. Dauphinee	TOTAL	1.51	4500-CI G	10/25/16	N/A
004	C.V.S.	10/25/16	10:35	M. Dauphinee	TOTAL	0.02	4500-CI G	10/25/16	N/A
005	HILLVIEW C.C.	10/25/16	9:45	M. Dauphinee	TOTAL	0.39	4500-CI G	10/25/16	N/A
006	TEMPLE OIL	10/25/16	10:25	M. Dauphinee	TOTAL	0.08	4500-CI G	10/25/16	N/A
007	NR HIGH SCHOOL	10/25/16	12:15	M. Dauphinee	TOTAL	0.49	4500-CI G	10/25/16	N/A
800	SWAN POND TANK	10/25/16	12:50	M. Dauphinee	TOTAL	0.13	4500-CI G	10/25/16	N/A
(1) Samples shall be to	aken at the same routine sample d	istribution site and a	at the same time	e as Total Coliform.					
(2) If measured in the	field list the field analyst.								
	ified Operator or Laboratory D	irector Signature a	and Date:	Mark	Clark	uliluo			
II. DBPR COMPLIA							Kura eyene		
Running Annual Avers	Samples from Month mg/L:	0.30	Quarterl	y Average mg/L = Ave	rage of three month	nly averages:	0.	.18	
i certify under pent	age mg/L = Average of this quarte	ed to fill out this form an	d the information	terly averages:	0.23				
Primary Certi	alty of law that I am the person authorize fied Operator or Laboratory D	irector Signature a	and Date:	contained herein is true, acc	rurate and complete to i	the best of my know	ledge and belief.		
Attention: Mail TWO	copies of this report to your DEP	Regional Office wi	thin 30 days of	receipt of results and n	no later than 10 day	s after the end	fthe remove		
OR DEP/DWP USE ONLY Accepted:		II EEI ED			and it day	o arter the end (or the reporting	period.	
recepted.	Disapproved:	Data Entered	d into WQTS:	Com	nments:				
								Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which	